



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 22, 2024

Jennifer Hescott
Provision Living at West Bloomfield
5475 West Maple
West Bloomfield, MI 48322

RE: License #: AH630381200
Investigation #: 2025A1019008

Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|---|
| License #: | AH630381200 |
| Investigation #: | 2025A1019008 |
| Complaint Receipt Date: | 10/31/2024 |
| Investigation Initiation Date: | 10/31/2024 |
| Report Due Date: | 12/30/2024 |
| Licensee Name: | PVL at West Bloomfield, LLC |
| Licensee Address: | 1630 Des Peres Road, Suite 310 St. Louis, MO 63131 |
| Licensee Telephone #: | (314) 238-3821 |
| Administrator: | David Ferreri |
| Authorized Representative: | Jennifer Hescott |
| Name of Facility: | Provision Living at West Bloomfield |
| Facility Address: | 5475 West Maple West Bloomfield, MI 48322 |
| Facility Telephone #: | (248) 419-1089 |
| Original Issuance Date: | 03/27/2019 |
| License Status: | REGULAR |
| Effective Date: | 08/01/2024 |
| Expiration Date: | 07/31/2025 |
| Capacity: | 113 |
| Program Type: | ALZHEIMERS AGED |

II. ALLEGATION(S)

| | Violation Established? |
|--|-------------------------------|
| Resident C was given medication at the wrong time. | No |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 10/31/2024 | Special Investigation Intake 2025A1019008 |
| 10/31/2024 | Special Investigation Initiated - Letter Notified APS of the allegations. |
| 10/31/2024 | APS Referral |
| 11/04/2024 | Inspection Completed On-site |
| 11/04/2024 | Inspection Completed BCAL Sub. Compliance |

ALLEGATION:

Resident C was given medication at the wrong time.

INVESTIGATION:

On 10/31/24, the department received a complaint that Employee 2 administered an Apokyn injection to Resident C at 3:00am but was not supposed to receive the medication at that time.

On 11/4/24, I conducted an onsite inspection. I interviewed Employee 1 at the facility. Employee 1 reported that Resident C is prescribed a scheduled dose of Apokyn three times daily and a PRN or “as needed” dose up to two times daily. Employee 1 confirmed that the medication was administered to Resident C on the date/time in question but reported that it was the PRN dose, so it can be administered any time.

While onsite, I reviewed Resident C’s physician’s orders. I observed two orders for Apokyn, one ordered as a PRN and another ordered for scheduled daily at 10:00am, 2:00pm and 6:00pm. I also reviewed Resident C’s medication administration record

(MAR) and observed that Employee 2 documented she administered Resident C's Apokyn on 10/30/24 at 3:00am.

Employee 2 was not present during my onsite, but submitted a statement regarding the event that read:

On 10/30 at 3am I gave [Resident A] a shot that was prn because of his Parkinson's for 3am that I had given before because his wife said I was late last time giving 3am meds the matrix system was down and I wanted to make sure I didn't miss anything again and I gave him the shot he instructed me to give it 3 inches above his belly button and I did at his request.

Employee 1 reported that Resident C did not ask for the medication to be given when it was, but that Employee 2 administered it in anticipation of his needs and Resident C allowed the injection to be administered.

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1932 | Resident medications. |
| | (2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional. |
| ANALYSIS: | Facility staff administered a PRN dose of Apokyn to Resident C on 10/30/24 at 3:00am. While giving a medication at this time is atypical, the medication was administered within the parameters outlined in his physician orders. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION:

While reviewing Resident C's MAR, I observed that staff did not document the reason why the PRN medication was administered. The MAR read "PRN Reason: other" but did not provide symptoms or behaviors Resident C was exhibiting to justify giving the medication.

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1932 | Resident medications. |
| | <p>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(vii) A record of the reason for administration of a prescribed medication that is on an as-needed basis.</p> |
| ANALYSIS: | Staff failed to document a reason to justify the administering of his as needed Apokyn injection. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon completion of an acceptable corrective action plan, I recommend no changes to the status of the license at this time.



11/18/2025

Elizabeth Gregory-Weil
Licensing Staff

Date

Approved By:



11/21/2024

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date